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Abstract

Natural disasters often strike with little to no warning and have devastating effects. The impact of natural disasters can include loss of property, loss of a job, or impairment of psychological functioning for survivors of natural disasters. Counselors are called to understand natural disasters, the impact of natural disasters, and interventions for working with natural disaster survivors. Therefore, the purpose of this paper is to examine the impact of natural disasters on clients, counseling practices for working with survivors of natural disaster, and the impact of natural disasters on counselors. Additionally, implications for counselors and counselor education are discussed.

Introduction

Natural disasters have increased in frequency in recent years, and can strike anywhere at any time with little to no warning (Anderson-White & Gibbons, 2011; Najarian, Majeed, & Gasparyan, 2017; Sully, Wandrag, & Riddel, 2010). Thus, the disaster mental health field has grown rapidly in recent years (Boyd, Quevillon, & Engdahl, 2010). With the evolution of technology, media exposes individuals to natural disasters more immediately, and often creates a sense of obsession, fear, and fascination surrounding the disaster (Lahad, 2000). After a natural disaster occurs, large number of individuals, at times upwards of hundreds of thousands of individuals have their social, emotional, and physical structure interrupted (Jordan, 2002). The impact of natural disasters can include the loss of property, the loss of a job, the loss of a friend or family member, or the impairment of psychological functioning for survivors of natural disasters (Anderson-White & Gibbons, 2011; Burnham & Hooper, 2012).

The American Red Cross (ARC) has played a substantial role in the advancement of the disaster mental health field, as they were the first agency to recognize the need for specific disaster mental health care and the first agency to develop related training standards (Miller, 2012). ARC (2011) states that natural disasters are typically catastrophic and sudden event that disrupts the daily functioning of a community or individual, while resulting in human, environmental, and financial loss. In addition to the suddenness and catastrophic nature of natural disasters, Miller (2012) identifies and describes the seven unique stages of a disaster, which include: (a) warning (first awareness of a potential disaster), (b) threat (information related to imminent danger and a time frame of when the disaster will strike), (c) impact (when the disaster occurs), (d) inventory (examination and categorization of damages), (e) rescue (rescue efforts are organized), (f) remedy (rescue efforts are implemented), and (g) recovery (initial stability and beyond).

Counselors and counselor education programs have an ethical responsibility to understand trauma and disaster response interventions. Specifically, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) (2016) states that counselors must understand the “effects of crisis, disasters, and trauma on diverse individuals across the lifespan” (II.F.3.g, p. 8). Furthermore, the CACREP standards also indicate that counselors should understand, “community-based strategies, such as Psychological First Aid” (II.F.5.m, p.11). In addition to CACREP requiring counselors and counselors-in-training to understand the impact and interventions needed for natural disasters, the American Counseling Association (ACA) Code of Ethics also states that counselors must have an understanding of trauma. Specifically, ACA (2014) states that counselors must, “take reasonable precautions to protect clients from physical, emotional, or psychological trauma” (A.9.b, p. 6). Therefore, the purpose of this paper is to examine the impact of natural disasters on clients, counseling practices for working with survivors of natural disaster, and the impact of natural disasters on counselors. Additionally, implications for counselors and counselor education are discussed.

History of Emergency Response and Management in the United States

Haddow, Bullock, and Coppola (2013) provide a comprehensive history of emergency response and management in the United States. They explained that emergency response and management has evolved from the federal government offering loans to rebuild property lost during emergencies to a modern-day emphasis on emergency response and

preparedness. Because of this shift, the Federal Emergency Management Agency (FEMA) was created and has become responsible for assisting communities in the creation of emergency readiness plans for weather related emergencies, creating a natural disaster warning system, and creating an emergency preparedness program for terrorist attacks (Haddow et al., 2013).

While the creation of FEMA was a major milestone in emergency response and management in the United States, FEMA experienced early difficulties and negative public perception. Early in the implementation of FEMA, many government officials raised questions about the importance and usefulness of the agency, which made it difficult for FEMA to gain momentum and support (Haddow et al., 2013). In addition to the difficulties from the government, the public perception of FEMA decreased after a series of poor responses to natural disasters, most notably Hurricane Katrina. As Hurricane Katrina impacted largely African American and low socioeconomic status communities, many considered the poor response time by FEMA as institutional racism and discrimination (Dass-Brailsford, 2010c). Overall, the response to Hurricane Katrina highlighted some of the many ongoing difficulties faced by FEMA, including long standing problems with access to services for diverse populations, media portrayal of diverse populations affected by natural disaster, and the beliefs that diverse populations have about governmental and relief organizations impact the quality of emergency services received (Boyd et al., 2010).

Impact of Natural Disasters on Clients

Natural disasters affect individuals on an emotional, psychological, behavioral, physiological, and spiritual level (Boyd et al., 2010). While there is a wide range of reactions to natural disasters, common symptoms include shock, anger, anxiety, fear of death and dying, concentration and attention difficulties, changes in appetite and sleep, social withdrawal, physiological changes, grief, obsessive thoughts, loneliness, increased confusion, and increased suicide rates (Abassary & Goodrich, 2014; Burnham & Hooper, 2012; Dass-Brailsford, 2010b; Frankenberg et al., 2008; Tuicomepee & Romano, 2008). Additionally, survivors of natural disaster may be at an increased risk for developing posttraumatic stress disorder. Dodgen & Meed (2010) reports that 25% of Hurricane Katrina survivors experienced posttraumatic stress disorder (PTSD), compared to the 8% lifetime prevalence rate of the general population. However, it is important to note that exposure to a natural disaster does not always result in PTSD (Knapp, 2010).

The impact of a natural disasters seems to be correlated to direct exposure a person has to the disaster (Smith et al., 2014). For instance, Tuicomepee and Romano (2008) discovered that mental health problems with Thai adolescents were positively correlated with their direct experience of a 2004 tsunami. More simply, mental health problems were more prevalent in Thai youth that experienced more damage in loss in the Tsunami. In a similar study, Frankenberg et al. (2008) discovered that the closer a natural disaster survivor was to the coast line during a tsunami in the Sumatra, the more likely

they were to experience posttraumatic stress disorder.

There has been limited research conducted on individuals that were outside of the direct area that were impacted by the natural disaster. However, individuals that live nearby, have friends or family members that were directly impacted by the natural disaster, or have seen recounts of the natural disaster on television may develop symptoms of vicarious trauma (Smith et al., 2014). For example, a recent study (Smith et al., 2014) reported that individuals who lived nearby Haiti or had friends who lived in Haiti during the 2010 earthquake experienced high levels of distress even though these individuals were not in Haiti at the time of this natural disaster.

In addition to the individual level, natural disasters also affect the larger community in which they occur. Communities impacted by a natural disaster may experience widespread grieving, disorientation, unconstructive behaviors, economic change, environmental change, and an inability to associate meaning with the disaster (Boyd et al., 2010). While natural disasters have many negative effects on the communities in which they occur, some communities may come together and focus on rebuilding and finding a sense of meaning and resiliency (Boyd et al., 2010). Table 1 provides a brief overview and recap of the impact of natural disaster on individuals, communities, and counselors working with survivors of natural disaster.

Table 1
Reactions to Natural Disaster

Individual reactions to natural disaster	Shock, anger, anxiety, fear of death and dying, concentration and attention difficulties, changes in appetite and sleep, social withdrawal, physiological changes, grief, obsessive thoughts, loneliness, increased confusion, and increased suicide rates
Community responses to natural disasters	Widespread grieving, disorientation, unconstructive behaviors, economic change, environmental change, and difficulty assigning meaning to the event
Counselors responses to working with survivors of natural disasters	Vicarious traumatization and compassion fatigue

Counseling Clients Affected by Natural Disaster

The primary goal of disaster mental health services is to assist survivors in returning to their pre-crisis level of functioning while establishing a sense of safety and stability (Dodgen & Meed, 2010; Sandoval, Scott, & Padilla, 2009). Thus, traditional counseling approaches and interventions may not initially be the most effective or appropriate to help clients reach this goal. Instead, counseling interventions should focus primarily on support, compassion, stability, and developing coping skills to assist clients with navigating their crisis (Sandoval et al., 2009). Additionally, counselors can listen intently and empathically, help to facilitate access to resources that help

meet basic needs, offer immediate assistance in problem solving and client advocacy, provide related psychoeducational materials, validate and normalize reactions to the disaster, and provide information to clients related to referral and other community resources (Dass-Brailsford, 2010d). Although the focus of counseling may vary from traditional methods, counselors should still ensure their counseling services are grounded in multicultural competence (Dass-Brailsford, 2010b).

When working with survivors of natural disaster, counseling sessions may operate outside of the traditional limits of counseling. For instance, boundaries, time limits, location, confidentiality, client load, and immediacy of counseling services may differ (Bemak & Chung, 2011; Dass-Brailsford, 2010e; Lahad, 2000; Miller, 2012). For example, counseling sessions may only last a few minutes and may take place outside of a counseling office while clients wait in line to receive needed resources and services. Regardless of how traditional or non-traditional a counseling session may appear after a natural disaster, counselors would benefit from actively listening survivors while frequently checking in to ensure that basic needs are still being met (Anderson-White & Gibbons, 2011). Additionally, Dass-Brailsford (2010b) explains that characteristics of effective counselors include the abilities to act quickly and creatively, propose potential solutions, and remain calm and collected in session.

Another overarching goal of disaster work is to develop short-term interventions that assist with recreating a sense of stability for clients (Dass-Brailsford, 2010, chp.6). Miller (2012)

explains that disaster mental health interventions serve three purposes. First is acute support, which aims to reduce stress, increase understanding of reactions, reduce negative coping skills, and increase knowledge of additional resources. Second is intermediate support in which counselors help clients to cope with the daily stressors of the natural disaster. During intermediate support, the therapeutic relationship is critical. Lastly, is ongoing treatment. With ongoing treatment, interventions are individually based to fit the specific needs of a client. Some of the most common issues addressed in ongoing treatment include acute stress disorder, PTSD, grief, depression, and substance abuse. Importantly, prior to working with survivors of natural disasters on a psychological level, counselors must first ensure that survivors have their basic needs met, including food, clothing, shelter, and safety (Anderson-White & Gibbons, 2011; Clettenberg et al., 2011; Dodgen & Meed, 2010). By meeting the basic needs and demands of natural disaster survivors, counselors help recreate a sense of normalcy and control, both of which are essential in the recovery process (Shelby & Tredinnick, 1995).

One of the most common interventions for working with clients affected by natural disasters is Psychological First Aid. Psychological First Aid was designed to be consistent with research related to risk and resilience factors after a trauma, applicable and practical, appropriate for all developmental levels, and culturally sensitive (Vernberg et al., 2008). Psychological First Aid consists of eight core actions for counselors to take while working with survivors: (a) making contact with clients, (b) providing safety,

(c) stabilizing client affect, (d) addressing client needs and concerns, (e) providing practical assistance, (f) facilitating connections with social supports, (g) facilitating adaptive coping skills, and (h) creating linkages with needed collaborative services (Sandoval et al., 2009). Psychological First Aid focuses more on the immediate needs of the clients and delays working at a psychological level until a state of equilibrium is achieved. Other appropriate interventions for working with survivors of natural disaster include the ACT Model (Roberts, 2005), the Crisis Counseling Assistance and Training Program (FEMA, 2009), and the ABC Model of Crisis Intervention (Kanel, 2012).

Counselors often feel the pressure to rush to the scene of a natural disaster and immediately begin providing counseling services to those impacted by the natural disaster. However, Robbins (2002) explains that counselors must fight this urge, as beginning counseling with survivors of natural disaster too soon may have a negative impact. By rushing into providing counseling services, counselors have not fully assessed the current status and needs of survivors and also run the risk of assuming that all survivors have impaired psychological functioning issues (Robbins, 2002). Additionally, some believe that many counselors lack the necessary knowledge and skills to work with diverse individuals after a disaster occurs, but instead counselors are more likely to work from their own perspectives and values in a time of crisis (Morris & Minton, 2012; West-Olatunji & Goodman, 2011). More specifically, West-Olatunji & Goodman (2011) believe that counselor education programs often ignore the cultural impact that disasters may have. By ignoring these aspects of a client,

counselors may neglect cultural norms and traditions, which could prove harmful to clients (Dass-Brailsford, 2010b).

Marginalized Populations and Natural Disaster

Survivors of natural disaster respond to, show symptoms of, and recovery to crisis and natural disasters differently based on their cultural background (Boyd et al., 2010; Rosen, Greene, Young, & Norris, 2010; Sandoval et al., 2009). Because of this, counselors must be aware of historical and cultural factors when working with clients affected by natural disaster (Dass-Brailsford, 2010c). Unfortunately, counseling that occurs after natural disasters often implements a Western perspective of individualism and ignores the diverse needs and experiences of individuals who have been impacted (Bemak & Chung, 2011). Furthermore, clients from marginalized populations who are affected by natural disaster may have to overcome the realities of cultural mistrust and oppression before feeling safe starting counseling services (Bemak & Chung, 2011; Dass-Brailsford, 2010c). It is important to note that individuals from marginalized populations, such as racial minorities, children, the elderly, and lower socioeconomic status (SES) are more likely to display negative outcomes after experiencing a natural disaster (Dass-Brailsford, 2010c; Frankenberg et al., 2008; Tuicompepp & Romano, 2008; Weissbecker, 2009).

Racial minorities face a unique situation after experiencing a natural disaster, as they are challenged with navigating racism in the United States while also being exposed to the trauma of natural disaster (Boyd-Franklin, 2008).

The experience of racism may increase the impact and symptoms experienced by survivors (Dass-Brailsford, 2010c). Dass-Brailsford (2010c) explained that African American children may have a more difficult time establishing a new support group after relocation than their White counterparts. Family support systems have been shown to be a strong predictor for post-disaster recovery rate of African Americans, and as such, counselors should work to incorporate family systems into their counselor with African Americans affected by natural disaster (Dass-Brailsford, 2010a).

In addition to racial minorities, children experience natural disasters differently than adults. For instance, children impacted by Hurricane Katrina and Hurricane Rita, were more likely to develop symptoms of posttraumatic stress disorder when compared to adults (Clettenberg, Gentry, Held, & Mock, 2011). Children often do not have the same amount of effective coping skills as adults, and they often may not fully understand why a natural disaster occurred (Knapp, 2010). Furthermore, children may display symptoms of exposure to a natural disaster differently than adults. For instance, changes in behavior, behavioral regression, bed wetting, clinging to parents, crying, or trembling with fear are common reactions for children (Knapp, 2010). When working with children impacted by natural disasters, counselors should use language and concepts that children can understand, be prepared to repeat explanations, validate children's thoughts, feelings, and reactions, and be consistent and reassuring (Knapp, 2010).

Elderly individuals are also likely to experience high levels of negative outcomes after experiencing a natural

disaster. For example, elderly individuals experience an increased risk of depression, physical pain, and transitional difficulties when forced to relocate from the support systems with which they were familiar (Sanders, Bowie, & Bowie, 2003). Another concern elderly individual's face after a natural disaster is relocation. They may have trouble relocating after natural disasters, as they may have limited resources for relocation accommodations (Dass-Brailsford, 2010c).

Individuals with limited resources are often hit harder by natural disasters. Tuason, Guss, and Carroll (2012) discovered that individuals from non-majority groups may experience a struggle or fight for resources from the federal government. These authors interviewed survivors of Hurricane Katrina about their experience of the storm asking questions regarding their life before, during, and after Hurricane Katrina. One of their findings was that individuals with fewer resources felt as though they were unable to prepare for the natural disaster headed their way. For some of these individuals, they considered their home the only passion they owned, and they wanted to stay to ensure they were able to protect their property. Individuals with lower SES are often not able to relocate after a natural disaster occurs, and are faced with the challenge of rebuilding their life without the necessary resources or having to relocate (Dass-Brailsford, 2010c).

Relocation and Displacement after a Natural Disaster

Many individuals who survive a natural disaster are faced with the reality of displacement or relocation (Tuason et al., 2012). However, displacement and relocation occur at higher rates for racial

minorities (Dass-Brailsford, 2010a). When relocation and displacement occur, survivors of natural disasters may have to deal with obtaining a new car, finding employment, finding and keeping new housing arrangements, becoming part of a new community, making the difficult decision or staying in their new environment or returning home to rebuild, difficulties at school, finding and obtaining mental health services, and developing trust for the individuals in their new community (Dodgen & Meed, 2010; Houston, Reyes, Pfefferbaum, & Wyche, 2010).

In addition to the physical and immediate needs that arise because of relocation and displacement, there are also psychological implications. For instance, individuals who must relocate following a natural disaster often experience a slowed psychological recovery rate (Dass-Brailsford, 2010a). Godwin, Foster, and Keefe (2013) conducted a qualitative study and identified themes in the recovery process of families after Hurricane Katrina. One of the most prevalent themes was the relationship to the community. Their participants who had to relocate because of Hurricane Katrina reported sadness, devastation, and feeling like their community was forever changed. Although these experiences drastically changed the home and community they once knew, these survivors also reported the willingness and desire to begin rebuilding their community and working on identifying a new sense of normal.

Impact of Natural Disasters on Counselors

In addition to clients, natural disasters can also impact counselors in a variety of ways. For instance, vicarious

traumatization is a common reaction to working with clients affected by natural disasters. Vicarious traumatization occurs in a counselor's persona as the result of working with and engaging empathically with a client experiencing great distress or crisis (Jankoski, 2012). Symptoms of vicarious traumatization are numerous and include disconnection from loved ones, social withdraw, feelings of despair and hopelessness, changes in identity, worldview, and spirituality, and potential harm to clients as counselors may no longer be capable of providing competent clinical services (Jankoski, 2012).

Another concern that counselors working with clients affected by natural disaster encounter is compassion fatigue. Like vicarious traumatization, compassion fatigue occurs due to the exposure to great pain and suffering of clients, and often results in the decreased ability to display empathy (Dass-Brailsford, 2010e). When counselors experience compassion fatigue, they perceive little to no emotional support in the workplace and practice poor self-care strategies (Merriman, 2015). Common symptoms of compassion fatigue include difficulty sleeping, loss of confidence, ineffective self-soothing, decreased ability to maintain normal levels of functioning, and the loss of hope (Jankoski, 2012; Merriman, 2015). Most alarmingly, counselors who experience compassion fatigue are more likely to exit the professional early, encounter boundary and ethical violations with clients, and have impaired clinical decision making skills (Merriman, 2015).

While counselors are often affected by natural disasters, supervision can help alleviate the impact. This may be especially important as counselor education programs tend to ignore or

rarely discuss counselor self-care (Jankoski, 2012). McNab (2011) identified five areas of discussion for supervision that are important for helping counselors working with clients impacted by disaster: (a) personal characteristics, (b) personal awareness, (c) understanding the relational dynamics, (d) using support mechanisms, and (e) building resilience. These topics range in discussion from emphasizing the loss of control that occurs during a disaster natural disasters, encouraging supervisees to remain empathic in counseling sessions, awareness of transference and countertransference, and identifying social support systems for both clients and supervisees to utilize in times of need (McNab, 2011). Furthermore, Merriman (2015) states that self-care is an important factor for preventing compassion fatigue and vicarious traumatization, and as such, counselor educators and supervisors should teach counselors about symptoms, risks, and protective factors related to compassion fatigue and vicarious traumatization.

Counselor educators and supervisors should work with counselors to develop and monitor self-care plans for counselors after they have worked with clients affected by natural disaster (Aten, Madson, Rice, & Chamberlain, 2008; Miller, 2012). Dass-Brailsford (2010e) specifies that maintaining a routine, seeking support as needed, and engaging in mindfulness as self-care strategies that supervisors can discuss with their supervisees. This is especially important as access to supervision can be a protective factor for vicarious traumatization and burnout for counselors working with survivors of natural disaster (Dodgen & Meed, 2010).

Natural Disaster and Related Professions

A brief review of related professions, psychology and social work, may assist in the development of theoretical frameworks and greater understanding of natural disasters. In the field of psychology, much of the research related to natural disaster has focused on the impact and lingering effects on those exposed to the natural disaster. For instance, Rosellini, Dussaillant, Zubizarreta, Kessler, and Rose (2018) report that PTSD, depression, and an increased risk for suicidality are the most prevalent negative reactions following earthquakes. Similarly, Cohen et al. (2016) discovered that depression and PTSD are two of the most common reactions to natural disasters, and argue that mental health professionals should create and use developmentally appropriate screening tools for working with survivors of natural disaster. More specifically, Cohen et al. (2016) found that when screening for depression after a natural disaster, the screening tool should focus on and ask specific questions related to lifetime mental health and trauma history to most accurately assess risk.

Martin, Felton, and Cole (2016) studied youth who experienced a flood and discovered that exposure to the flood, severity of exposure, and subjective experiences of the flood were strong predictors to the development of trauma symptoms. Additionally, Martin et al. (2016) found that preexisting depressive symptoms and the tendency to ruminate increased the risk of developing trauma symptoms after experiencing a flood. In regard to the lingering effects on natural disasters, Najarian et al. (2017) conducted a study in Armenia and discovered that

30% of participants continued to report symptoms of PTSD 20 years after experiencing an earthquake, and suggest that permanent relocation may provide less emotional stress and higher levels of adaptive functioning, such as normal living conditions, employment, school attendance, health care access, and a sense of routine in daily living.

While the field of psychology has focused primarily on symptoms and assessment, social work has focused on culture and early intervention. Rivera (2012) studied Puerto Ricans after natural disasters and discovered that help seeking behaviors and utilization of social supports were limited due to the comfort of obtaining these services and cultural issues and norms, such as trust, feeling like a burden, embarrassment, and shame. Benson, Furman, Canda, Moss, and Danbolt (2016) encourage social workers to incorporate aspects of faith, religion, and spirituality into post disaster interventions, as this may be beneficial in the recovery process of survivors. In both of these studies, the responsibility falls on the mental health worker to broach topics important to survivors and their cultural norms, values, and barriers to receiving services.

While there is great responsibility on mental health workers, it appears that there must be an intentional choice to even provide services after a natural disaster has occurred. McManus and Saucier (2012) report that mental health workers' perceptions and connectedness of natural disaster may impact their willingness to provide assistance, especially in regard to culture and race. More specifically, mental health workers' perceptions of the severity of the natural disaster, the extent to which survivors are blamed for their current

situation, and the perceived adequacy of help already received impact the willingness and amount of help provided.

The field of social work has also established that early intervention is crucial in reducing negative physical, psychological, and emotional effects of natural disaster (Benson et al., 2016). Furthermore, early intervention appears to be crucial as Marshall et al. (2011) report that the health impact of natural disasters has been greatly underestimated, especially for individuals belonging to marginalized populations. One early intervention consists of psychoeducational groups. Powell and Leytham (2014) describe a psychoeducational group for parents with children affected by natural disaster named Journey of Hope (JoH). JoH aims to reduce stress and build adaptive coping strategies and consists of five major educational components: understanding children's common reactions to trauma, understanding types and sources of stress, understanding how stress affects the body, discussion of new and adaptive coping mechanisms, and building community assets and supports. In addition to the five educational components, JoH allows for participants to understand and process their own reactions to stress, process grief and loss, identify individual and community strengths, plan for future community action and support, and build trust and community.

Implications for Counselors and Counselor Education

The CACREP standards and ACA code of ethics call for counselors to understand disasters and emergencies, trauma, and crisis intervention. One way to ensure that counselors and counselors in training are providing appropriate

interventions to clients affected by natural disasters is to incorporate more focus and attention on natural disasters and crisis intervention within counselor education programs. To ensure that natural disasters are covered in counselor education programs, a commitment must be made by counseling programs to teach the understanding and interventions needed in a disaster environment during a counseling theories course. As counselor education programs are already stretched thin to meet accreditation and program requirements, incorporating an entire course focused on natural disasters may not be possible. However, there are still several manners in which counselor education programs can prepare student to work with clients affected by natural disaster. Sommer (2008) suggests that counselor educators incorporate current and past events to discuss crisis, disasters, vicarious traumatization, and self-care strategies. Similarly, Greene, Williams, Harris, Travis, & Kim (2016) discovered that counseling student's crisis counseling self-efficacy increased over the course of a practicum course when case-based examples of a client in crisis were used as a training tool, and recommend that counselor education programs consider incorporating similar case-based examples into their practicum courses. Additionally, Sommer (2008) recommends that crisis interventions, vicarious traumatization, and self-care strategies be included on lists of student presentations for counseling courses. Like all counselor education courses and course assignments, components of multicultural competence should be integrated into all teaching related to natural disasters (West-Olatunji & Goodman, 2011).

In connection to providing culturally competent services to survivors

of natural disaster, counselors must become advocates for their clients, especially when they are members of a marginalized population. Experiencing a natural disaster is a devastating event, but when institutions and systems fail to treat all survivors equally, clients from marginalized populations suffer. Counselors must take the necessary steps to meet the basic needs of their clients after natural disasters, but also take the extra step of challenging and confronting oppressive systems to ensure that marginalized survivors of natural disaster receive the resources necessary for coping and rebuilding. As emergency response and federal agencies often operate from a racist or oppressive perspective (Dass-Brailsford, 2010c), counselors can advocate for marginalized clients after disasters by helping them locate shelters and receiving the resources needed to begin their recovery process whenever necessary. Additionally, counselors can contact state and local legislators to ensure that emergency response management resources are inclusive to all impacted by the disaster. Lastly, counselors can work with police, firefighters, and other first responders to train them to provide culturally appropriate interventions after a natural disaster.

Conclusion

Natural disasters often strike suddenly and can have a devastating impact on thousands of individuals at once. Because of this, counselors must understand the emotional, behavioral, and psychological impact that a natural disaster can create. Additionally, counselors should be thoughtful and intentional when selecting interventions to work with survivors of natural disaster, especially when working with clients from

marginalized populations. This article reviewed considerations for providing disaster mental health services and how they may differ from traditional forms of counseling. Additionally, Psychological First Aid was discussed as an appropriate intervention model for use in disaster settings.

In addition to the devastating effect on survivors, counselors working with survivors may experience vicarious traumatization or compassion fatigue. As such, counselor educators and supervisors should work to reduce the prevalence and severity of these vicarious traumatization and compassion fatigue by incorporating conversations regarding these concepts into their courses and supervision sessions. Counselor educators have the responsibility to ensure that counselors are prepared to work with survivors of natural disaster. Therefore, specific recommendations for incorporating components of disaster mental health into counselor education courses were discussed.

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